MARYLAND AIDS ADMINISTRATION
FY 2006 PROGRAMMATIC CONDITIONS OF AWARD
COUNSELING, TESTING & REFERRAL SERVICES
MARYLAND UGA ADXXXCTR PROGRAMS
ATTACHMENT 1

This award is subject to the conditions stated in this contract between the AIDS Administration, herein known as the Department and the Grantee and subcontractor(s). The Grantee and subcontractor(s) must agree to comply with these conditions. Failure to comply with these conditions may result in reduction of award and/or audit exceptions in the future.

A. PROGRAM SPECIFICATIONS AND REQUIREMENTS

1. The Grantee and subgrantee(s) must comply with all relevant Federal, State and local grant requirements pursuant to the law.

2. All Counseling, Testing, Referral (CTR) and HIV Partner Counseling and Referral Services (PCRS) conducted under this award Grantee shall comply with the program requirements, goals and objectives adopted by the current Maryland HIV Prevention Plan for 2004-2008, and the Current Prevention Cooperative Agreement between Maryland and the U.S. Centers of Disease Control and Prevention (CDC) Cooperative Agreements for Human Immunodeficiency Virus (HIV) Prevention Projects.

3. HIV counseling and testing and referral services provided shall be performed in accordance with "Revised Guidelines for HIV Counseling, Testing, and Referral, November 2001", a document published by U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention (CDC).

4. Local Health Departments (LHDs) and subgrantee(s) shall comply with state regulations for HIV counseling and testing procedures and obtain written informed consent for HIV testing (per COMAR 10.18.08) at all CTR, LHD and subgrantee clinics or field sites.

5. The Grantee shall assist the Department in developing and implementing evaluation strategies relevant to program goals and objectives. The specific program and evaluation conditions established for this award are as follows:

6. The LHD will submit for approval to the AIDS Administration no later than August 15, 2005, a program plan and budget for CTR initiatives targeting high-risk populations. The program plan shall contain actions to meet specific process objectives developed by the AIDS Administration and state roles the LHD is able to play regarding program evaluation. Risk appropriate prevention materials for target populations must be made available. The format to be used and forms utilized for this purpose are included in Local Health Department Planning and Budgeting Instructions for Fiscal Year 2006.

   a. CTR resources should be directed, but not necessarily limited, to the following populations:
      1) Men who have sex with men (MSM)
      2) Substance Abusers (particularly injection drug users)
      3) Patients of STD, Methadone treatment, addictions and TB clinics
      4) Sexual and needle-sharing partners of persons with AIDS/HIV disease or persons at high risk for HIV infection
      5) Persons who trade sex for money and/or drugs (commercial sex worker -CSW)

6) Sexually active teenagers
7) Persons with multiple sexual partners
8) Pregnant women

Special attention shall also be given to reaching persons from racial/ethnic minority communities experiencing high rates of HIV infection – such as African American and Hispanic, those who can be identified in more than one of the above groups, persons in substance abuse treatment, incarcerated, deaf & hard of hearing, mentally challenged, heterosexual women of child bearing age, and the homeless.

b. The following impact objectives have been established by Maryland Department of Health and Mental Hygiene, AIDS Administration for local CTR services:

1) At the conclusion of prevention counseling, clients will demonstrate increases of the following:

a) knowledge of HIV transmission routes, prevention strategies, and community-based HE/RR programs;
b) perceived risk for acquiring or transferring HIV;
c) self-efficacy in reducing risk/changing behavior;
d) risk-reduction skills, i.e., communication (negotiation, decision making) correct use of condoms, effective needle cleaning;
e) belief in effectiveness of target behaviors;
f) attitude toward target behaviors;
g) perceived emotional support from counselor;
h) perceived knowledge of counselor;
i) perceived importance of adhering to counselor's advice;
j) perceived positive rapport with counselor;
k) commitment/intent to behavior change and risk reduction;
l) willingness/intent to return to any health care provider;
m) willingness/intent to get test results (if tested).

2) At the conclusion of the counseling session, individuals will report that they:

a) are contemplating behavior change;
b) believe their decision for HIV testing was appropriate;
c) perceive positive rapport with their counselor.

3) Seropositive clients posttest counseled will demonstrate increased willingness to disclose names of current and past sexual and needle-sharing partners for HIV partner counseling and referral services (PCRS).

c. Process Objectives, established by the Maryland Department of Health and Mental Hygiene (DHMH), AIDS Administration and specific for this jurisdiction, are contained in Addendum 1.

6. The programs must show evidence of conforming with recommendations made by the AIDS Administration in its evaluation of the local health department's FY 2006 CTR/PCRS Program and Performance Statements, the CTR data reports for the local jurisdiction and information obtained on site visits. Such recommendations will be communicated via regular briefings with LHD staff members. Evidence must also be shown that programs conform to the intent and direction of Maryland's Community Prevention Plan. Upon request from the LHD, the AIDS Administration will provide assistance in developing program plans and budgets.

7. Programs are required to have a policy, which describes how the program will provide Posttest counseling by telephone for clients with negative HIV test results. Health Officers may authorize their professional staff to provide telephone posttest counseling for receipt of negative HIV test results as an alternative to clients receiving those services on-site. A separate signed consent form is required to provide telephone posttest counseling results. This form can be found in the CTR Policy and Procedures manual.

8. Local Health Departments shall routinely provide LHD-assisted HIV partner counseling and referral services (PCRS) to seropositive persons identified at CTR and public clinic sites, and by private providers, according to DHMH HIV PCRS Program policies and procedures.

9. The Local Health Department shall carry out activities as specified in the CTR Program Quality Assurance Plan as developed and distributed by the AIDS Administration. Unless otherwise requested by the LHD, the AIDS Administration will take primary responsibility for conducting the impact evaluation of local prevention initiatives. Process evaluation will be conducted jointly by the AIDS Administration and the LHD, according to the program plan submitted by the AIDS Administration.

10. The LHD and subgrantee(s) shall ensure that communicable disease reporting requirements, per COMAR 10.18.03, have been met for all patients served under this award, specifically, reporting by name those persons with AIDS. Health care providers must comply with the unique identifier (UI) system for each patient tested confidentially for HIV and CD4 cell count (See COMAR 10.28.03).

11. All confidential HIV testing performed shall comply with the regulation on HIV case reporting (COMAR 10.18.02) effective January, 1999. Anonymous HIV testing must be an option offered by the local health department. The AIDS Administration must be notified in writing of the site(s) where this option will be made available. Anonymous CTR sites must receive approval as a "Designated Anonymous Test Site" from the AIDS Administration, DHMH, to be exempt from reporting requirements under this regulation.

12. No change in the current designation of any CTR site as Anonymous and/or Confidential, or the addition of any CTR site, shall be made without prior written approval of the AIDS Administration.

13. The Local Health Department shall ensure that all requests for modification of the previously approved program, goals and objectives, or data collection and evaluation activity shall be submitted in writing for review and written authorization by the AIDS Administration thirty (30) days prior to implementation.

14. The Local Health Department and all its subgrantees shall have a written policy in place to address documentation and tracking of all referrals made on behalf of HIV seropositive persons.

15. CTR/PCRS Program Coordinators or their designees shall attend statewide and/or regional meetings called by the AIDS Administration. CTR Program Coordinators shall meet or review quarterly, their program status with both HIV CTR/PCRS Coordinators for the purpose of coordinating and enhancing the effectiveness of targeted HIV/AIDS prevention services.

PERSONNEL REQUIREMENTS

16. As per instructions in the budget package, the Grantee and subcontractor(s) shall provide to the AIDS Administration program manager, within 30 days of hiring or assignment, the names, job titles, resume and applicable certificates, salaries and percentage of full time

equivalency of all personnel funded by this award and hired during this funding period. The Local Health Department shall notify the AIDS Administration program monitor of all changes in positions of personnel. Prior to the effective changes or filling vacant positions, the Local Health Department shall submit a written request to change or fill positions. The request must include a job description in the format of the Department of Personnel (DOP) MS-22, a work plan detailing assignments and time line, the position classification, FTE contribution and salary.

17. Criminal background investigation records shall be obtained on all employees and volunteers who work with youth under age 18, pursuant to section 5-560 through 5-568 of the Family Law Article of the Annotated Code of Maryland.

18. An evaluation of the all of HIV counselors knowledge of HIV/AIDS prevention counseling and testing shall be carried out on all active HIV counselors in jurisdictions or agencies receiving Centers for Disease Control and Prevention (CDC) Preventive Cooperative Agreement funds for counseling, testing and referral (CTR). Each active counselor must complete and pass a Counselor Knowledge Evaluation (CKE) test on an annual basis between each October and December. Failure to comply with this requirement by January 31 of 2005 may affect agency funding.

19. All persons who perform HIV counseling and testing must attend an HIV counselor training program sponsored by (or approved by) the AIDS Administration prior to engaging in this activity. Counselor numbers must be obtained from the AIDS Administration prior to engaging in any HIV Counseling. Once a counselor number is assigned, it is not to be re-assigned or used by any other person. Changes in staffing should be reported to the AIDS Administration to ensure counselor numbers are properly assigned and tracked.

B. FISCAL REQUIREMENTS

1. All budget modification requests shall have prior approval by the Department's Program Manager. Written requests for modifications to the budget shall be submitted by the Grantee at least thirty (30) days before the effective date of the proposed changes, and shall have prior written approval from the Department before being implemented.

2. All budgets reflecting this award, including any subcontracts funded under this award, shall be submitted electronically by August 15, 2005 to: AIDSUGA@dhmh.state.md.us

3. Per previous instructions to Local Health Officers, cost of living allowances (COLAs) for contract employees funded under this grant shall be consistent with COLAs granted to state, county, or municipal employees within this jurisdiction.

4. Copies of any subcontracts funded under this award shall be forwarded with budgets to the Department's Program Manager.

C. MONITORING ROLES AND RESPONSIBILITIES

1. The AIDS Administration CTR Program Monitors for CTR programs of this award are :
Jenna Burt, M.P.H. jkmccall@dhmh.state.md.us or
Dana Herrod, BS, dherrod@dhmh.state.md.us or
Rob Marino, BA, mariner@dhmh.state.md.us

The HIV-PCRS Program Coordinator is Carol Carp, M.S., ccarp@dhmh.state.md.us
Information on program monitoring can be obtained from Ms. Burt, Ms. Herrod, Mr.

Marino, Ms. Carp, or Rob Lunn, M.P.A., CTR Program Coordinator/Team Leader at rlunn@dhmh.state.md.us All monitors can be reached at 410-767-5018.

2. The local health department shall provide the names of the contact person(s) responsible for programmatic concerns and all communications regarding this program, the contact person for fiscal issues, as well as the names of the contact persons for each of the sub-grantees/vendors, if applicable. The Grantee shall maintain expertise in all subcontracted project content, protocols and methods and provide technical assistance to subcontractor staff, as needed.

3. The Local Health Department (and each subcontractor, if applicable) shall cooperate with the direct monitoring of programs by the AIDS Administration. Monitoring may be announced, or unannounced and may consist of the review of records and reports, interviews of staff or service recipients, and/or observation of service delivery. The monitoring of program activities of sub-grantees/vendors is the primary responsibility of the Local Health Department, however, the Department staff may also monitor the contractor's activities and conduct periodic site visits, with notification to the Grantee.

4. The Local Health Department shall maintain written documentation of monitoring activity and findings and any follow-up corrective action taken or recommended. This written documentation shall be made available for review upon the request of the AIDS Administration program monitor.

5. Monitoring meetings between the Local Health Department contact person and the AIDS Administration project monitor (or designee) may be scheduled. During these meetings, the contact person for the Local Health Department shall make the following information available: evaluation materials (such as contact log forms, CBO report forms, sign-in sheets, pre- and post- tests, etc.) and additional training materials such as educational materials, curricula and other materials pertaining to this project including rapid testing documents if applicable. The AIDS Administration project monitor shall make available statistical reports, samples of educational materials, model curricula, and evaluation forms as well as provide technical assistance on program development, coordination and evaluation methodology.

6. The Local Health Department and each subgrantee shall cooperate with the AIDS Administration, Center for Prevention policies for addressing any and all concerns or problems identified during the award period.

D. AUTHORIZED MATERIAL

Prior to distribution, all educational materials and prevention devices shall be approved by a Community Review Board of the Department. If a local community panel is used, name, gender, ethnic background, occupation, and employer of the panel members must be submitted to the Department for approval and updated with every quarterly report, before such a panel can be used to approve materials or devices.

E. REPORTING REQUIREMENTS

1. Documentation of all HIV counseling and testing activity at all designated CTR and/or LHD (and subgrantee) clinic and field sites shall be provided by using the Maryland HIV Counseling and Testing Report Form (CTR questionnaire) (or other electronic data collection programs i.e., PEMS) and submitted to the AIDS Administration. The Grantee shall maintain

current knowledge of evaluation and reporting requirements and provide technical assistance to subcontractor staff to ensure that forms are completed and submitted as required.

2. Documentation must be made on the Maryland CTR questionnaire (Posttest Form) and patient record of appropriate referrals for HIV-related medical and social services to all HIV-seropositive individuals posttest counseled. Appropriate referrals for HIV seronegative persons are to be documented as well, especially referrals to Community-based HIV Risk Reduction Programs. The Grantee shall adhere to all data collection and handling protocols to maintain client confidentiality when administering client-level reporting forms and evaluation instruments.

3. The Grantee shall submit all quarterly reports including reports from subcontracted vendors and discuss any concerns or discrepancies with subcontractor staff before sending them to the Department Program Manager. Quarterly report forms provided by the AIDS Administration, must be returned to the Program Monitor by the dates specified on the form for each quarter of the fiscal year, indicating progress made and action plans to be taken, if necessary, to meet objectives specified in Addendum 1, as well as the Quality Improvement Action Plan. Reports may be transferred electronically, if possible, according to specifications provided by the Department.

4. The Grantee shall comply with any other requests for information regarding activities undertaken with this award.

F. FEDERAL FUNDING REQUIREMENTS

The receipt of federal funds by the State Department of Health and Mental Hygiene, by local health departments, and by sub-recipients requires compliance with all laws and regulations pertaining thereto, including the following:

1. Small, Minority, and Woman-Owned Business: It is a national policy to place a fair share of purchases with small, minority, and woman-owned business firms. The Department of Health and Human Service is strongly committed to the objective of this policy and encourages all recipients of its grants and cooperative agreements to take affirmative steps to ensure such fairness. In particular, recipients should:

    a. Place small, minority, and woman-owned business firms on bidders mailing lists.

    b. Solicit these firms whenever they are potential sources of equipment, construction, or services.

    c. Where feasible, divide total requirements into smaller needs, and set delivery schedules that will encourage participation by these firms.

    d. Use the assistance of the Minority Business Development Agency of the Department of Commerce, the office of Small Disadvantaged Business Utilization, DHHS, and similar state and local offices.

2. Local Health Departments and subgrantee(s), if any, shall make every effort to accommodate both cultural and linguistic needs of targeted populations. Per Presidential Executive Order issued August 11, 2000, every program that receives federal funds is required to take reasonable steps to assure reasonable access to their programs by Limited English Proficiency (LEP) persons. Each covered entity that provides services or benefits DIRECTLY to the public shall develop language assistance procedures for 1) assessing the language needs of the population served; 2) translating both oral and written communications and documentation; 3) training staff in the language assistance program requirements; and 4) monitoring to assure that LEP individuals are receiving equal access to services and are not

treated in a discriminatory manner. Language resources are available through your Program Monitor. Further information on this policy can be found at http://www.dhmh.state.md.us/policies/doc/02.06.07-sof.DOC